

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

•								
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica	form should be used formespondence including below or directed others.	or transmitting the g the Patent, advanterwise in Block 1,	ISSUE ce orde by (a)	FEE and PUBLICAT ers and notification of specifying a new corre	TION FEE (if requi maintenance fees verspondence address;	red). B vill be a and/or	Blocks I through 5 sh mailed to the current (b) indicating a sepa	ould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
44909	7590 05/30	1181						
WOLF, BLOCK, SCHORR & SOLIS-COHEN LLP 250 PARK AVENUE NEW YORK, NY 10177					Certificate of Mailing or Transmission  I horeby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					(Depositor's name)			
•						· · · · · · · · · · · · · · · · · · ·	(Signature)	
						(Date)		
APPLICATION NO. FILING DATE			F	IRST NAMED INVENTOR	R	ATTORNEY DOCKET NO.   CONFIRMATION NO.		
<del></del>			Ron Ginor	080/04167			4633	
10/510,025 10/01/2004 TITLE OF INVENTION: BREAST CANCER SCREENING				Kon Ginor		U5U/U410/ 4033		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	1	PUBLICATION FEE DUE	PREV. PAID ISSU	e fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$0		\$1000	08/30/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS				
ROGERS, KRISTIN D 3736				600-547000	_			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list								
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (baying as a member a				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			ner	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Mirabel Mo	edical Ltd.	Migdal HaEmek, Israel						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛣 Corporation or other private group entity 🗀 Government								
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
S Issue Fee				A check is enclosed.				
☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).				
- Advance Order	r of copies	overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).						
5. Change in Entity Sta	itus (from status indicate is SMALL ENTITY stati		. 1	☐ b. Applicant is no lo	nger claiming SMA	LL EN	FITY status. Sec 37 CF	'R 1.27(g)(2).
								e assignee or other party in
Authorized Signature Martin D. Mayor				hu			4.2007 2.2012 00000070	
Typed or printed name Martin D. Moynihan							0,338 <sub>700.03 DA</sub>	•
This collection of inform an application. Confiden	nation is required by 37 Catiality is governed by 35	FR 1.311. The infor U.S.C. 122 and 37	mation CFR 1.	is required to obtain or .14. This collection is c				by the USPTO to process) g gathering, preparing, and

an application. Confidentiative is governed by 35 0.7.12 and 37 CPV 1.14. This observation is estimated to take 1 inflation of the complete submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.